

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date:: 07/28/2003

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: METHODS FOR TREATING MILD COGNITIVE  
IMPAIRMENT USING A GLUCOCORTICOID-  
SPECIFIC RECEPTOR ANTAGONIST

Attorney Docket Number:: 019904-000111US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Alan

Middle Name: F.

Family Name: Schatzberg

Name Suffix:

City of Residence: Los Altos

State or Province of Residence: CA

Country of Residence: US

Street of Mailing Address: 10380 West Loyola Drive

City of Mailing Address: Los Altos

State or Province of mailing address: CA

Country of mailing address:

Postal or Zip Code of mailing address: 94024

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Joseph

Middle Name: K.

Family Name: Belanoff

Name Suffix:

City of Residence: Woodside

State or Province of Residence: CA

Country of Residence: US

Street of Mailing Address: 1 Southgate Drive

City of Mailing Address: Woodside

State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94062

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	division of	09/717,703	11/20/2000
which is a	nonprovisional claiming	60/167,432	11/23/1999
	priority of		

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name:: Corcept Therapeutics, Inc.  
Street of mailing address:: 275 Middlefield Road, Suite A  
City of mailing address:: Menlo Park  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94025